Financial Year to which self-certification relates

1==	Y	
2022/23	Please Res	poi

	The Board are required to respond "Confirmed" or "Not confirmed" to the following statements, setting out any risks and mitigating actions planned for each one				
	Corporate Governance Statement	Response	Risks and Mitigating actions		
1	The Board is satisfied that the Licensee applies those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS.	Confirmed	Laissic (2023) COC Review — Welf-led Identified as "Requires Improvement" - The Trust will be reviewing the necessary actions and will identify the key drivers that will support improvement from this position.	#REF!	
2	The Board has regard to such guidance on good corporate governance as may be issued by NHS	Confirmed		Ĭ	
	Improvement from time to time			#REF!	
3	The Board is satisfied that the Licensee has established and implements: (a) effective board and committee structures; (b) Clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees; and (c) Clear reporting lines and accountabilities throughout its organisation.	Confirmed	Further work required to enhance the Trust's distincted governance structures to ensure consistency of reporting and assurances through the Board's governance and performance frameworks.	#REF!	
4	The Board is satisfied that the Licensee has established and effectively implements systems and/or processes:  (a) To ensure compliance with the Licensee's duty to operate efficiently, economically and effectively; (b) For timely and effective scrutiny and oversight by the Board of the Licensee's operations; (c) To ensure compliance with health care standards binding on the Licensee's operations; (c) To ensure compliance with health care standards binding on the Licensee's operations; (d) For effective they of State, the Care Quality Commission, the NFS Commissioning Board and statutory regulators of health care professions; (d) For effective florancial decision-making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Licensee's ability to continue as a going concern); (e) To oblemity and asseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making; (T) To identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence; (g) To generate and monitor delivery of business plans (including any changes to such plans) and to receive internal and where appropriate external assurance on such plans and their delivery, and (h) To ensure compliance with all applicable legal requirements.	Confirmed	The Trust appeals to deliver a francial deflat position in 2022/2 per deat plans to be a great with the NHS Cheshire and Mempraylish begreated Cere System. Nowever, the Trust appeals to have the resources as deliver across for the frictioning 12 months. Given the scale of the deflect plan, cash support will be required during 2023/24. The financial regime is in place to allow MHS organisations to access revenue support in the form of Public Dividend Capital (PICD) if required. Discussions have been had with the national team to confirm this is available to the Trust. The Trust is actively working with the ICB to identify system solutions and avoid reliance on PDC	mnefi	
5	The Board is satisfied that the systems and/or processes referred to in paragraph 4 (above) should include but not be restricted to systems and/or processes to ensure:  (a) That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided;  (b) That the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations;  (c) The collection of accurate, comprehensive, timely and up to date information on quality of care;  (d) That the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care;  (e) That the Deard receives and takes into account accurate, comprehensive, timely and up to date information on quality of care;  (e) That the Lensen, including its Board, actively engages on quality of care with patients, staff and other relevant stakeholders and takes into account accurate, organish and other relevant stakeholders and takes into accountable into requisity of care with patients, staff and other relevant stakeholders and takes into account accurate the patients of the patie	Confirmed		mEF!	
6	The Board is satisfied that there are systems to ensure that the Licensee has in place personnel on the Board, reporting to the Board and within the rest of the organisation who are sufficient in number and appropriately qualified to ensure compliance with the conditions of its NHS provider license.	Confirmed		#REF!	
	Signature  Signature  Signature  Signature  Name Robert Clarke  Name Reathyn Thomson  Further explanatory information should be provided below where the Board has been unable to confir			-	
,				Please Respond	

Worksheet	"Training of	governors"
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Financial Year to which self-certification relates

2022/23

Conti	fination on training of govern	core (ETe only)			
Certi	fication on training of goverr	nors (FTS only)			
	The Board are required to respond "Confirmed" or "Not confirmed" to the following statements. Explanatory information should be provided where required.				
Training of Governors					
1			e has provided the necessary training to its are equipped with the skills and knowledge	Confirmed	ОК
	Signed on behalf of the Board of directors, and, in the case of Foundation Trusts, having regard to the views of the governors				
	Signature hiles	Signature	Kathyn Thoman		
	Name Robert Clarke	Name	Kathryn Thomson	_	
	Capacity Trust Chair	Capacity	Chief Executive		
	Date 29 June 2023	Date	29 June 2023		
Further explanatory information should be provided below where the Board has been unable to confirm declarations under s151(5) of the Health and Social Care Act  A:					